THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LIII. THURSDAY, JANUARY 3, 1856. NO. 23.

CHINOIDINE IN THE TREATMENT OF INTERMITTENT FEVER.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—In the number of your Journal for November 29, appears an article on the subject of the employment of *Chinoidine* in the treatment of Intermittent Fever, which induces me to relate my experience with, and to state my estimate of, the preparation as a substitute for sulphate of quinine. But first, it is necessary to describe the article I employed, inasmuch as there seems a possibility at least, that some physicians may experiment with that article which is the product of evaporization of the mother liquor left after the crystallization of sulphate of quinine; while others may do so with that *precipitated* from the mother liquor by means of an alkaline carbonate. If I mistake not, the amorphous quinine of Liebig is the latter; although, if I understand Dr. Owsley, he appears to think that it is the former. The preparation that I have employed I have always taken to be the amorphous quinine of Liebig, and from its behavior have supposed it to be a product of precipitation. It is of a dark-brown color, in some samples yellowish-brown, resinous in appearance, and in an atmospheric temperature of 85° is so hard that it is difficult to indent it with the fingers, and so brittle that it breaks like cold wax. It is perfectly insoluble in cold or hot water, not even coloring either in the least; but when put into water heated to the boiling point, or nearly, is softened so that it can be drawn out into fine threads like hot wax. In the same package are generally found other samples that have very nearly the same external appearance, perhaps of a slightly lighter color, and softened by hot water like the other, but which cannot be drawn out into threads, however great the heat. One portion separates from the other at the first attempt to draw it, leaving a rough granular surface. It comes from the druggists in ounce gallipots, and if there is any difference in the varieties, it is that the granular and brittle article is a little lighter colored than the waxy. I am unable to say if both these varieties are produced by the same process; but I have not been able to detect any difference in their medicinal power. They are both soluble in alcohol and in dilute sulphuric acid, and equally

so. About four times the quantity of sulphuric acid is required to produce a solution, that is necessary with sulphate of quinine. It is very slowly soluble in the fluids of the stomach, and in some cases scarcely at all so, as I have reason to believe from having frequently seen pills of it ejected from the stomach in about the condition they were taken several hours before. In consequence of this property of chinoidine I am accustomed to give it in solution with either alcohol or acidulated water, the more certain form, undoubtedly, of obtaining its effect. Giving it in solution, I have no hesitation in saying that by it I have interrupted paroxysms of intermittent fever a great number of times. I do not know in exactly how many case I have given it, but think I am safe in saying five hundred. In very many of these cases, after giving the chinoidine long enough, and in quantities sufficient, had it been sulphate of quinine, to break three intermittent fevers, I substituted the latter remedy with the usual happy and prompt effect. These were cases in which the chinoidine appeared to exert no influence over the disease, after a thorough trial, and were with me quite common cases. Moreover, when successful, I was obliged in most cases to give twice to three times the quantity by weight, that I was accustomed to of sulphate of quinine in similar cases.

From my somewhat extensive experience with its employment, I feel authorized to say that if given in proper quantity, and for a sufficient time, chinoidine will break up the paroxysms of intermittent fever, in a large majority of cases; but that it is preferable in any respect, or equal in its principal power, to sulphate of quinine, I have no reason for believing. Had I intermittent fever, I should certainly not think of taking chinoidine were it possible to obtain sulphate of quinine. If it contain, as M. Roder's analysis shows, from 40 to 43 per cent. of quinia, then it is plain why I had to give it in doses twice to three times as great as of sulphate of quinine. The uncertainty of its action is perhaps owing to the presence of the resin it contains, interfering with the action of the solvent powers of the gastric fluids. Taking its cost at about one third that of sulphate of quinine, then, there is but little in its favor in an economical point of view; and when you add its uncertainty, and the chances of having to resort to quinine after giving a large quantity of it unsuccessfully, its preference can scarcely be advocated. To show the comparative expense of treating intermittent fever by quinine and chinoidine, I will institute a little calculation. The general rule in my practice (and I think it was very like that adopted by my colleagues in the staff) was—after any preparatory treatment that might be necessary—to give from five to seven grains of quinine at intervals of five or six hours, and two hours before the expected paroxysm, till two paroxysms had been prevented; which would almost always be the first two after the commencement of the administration of the medicine. The cases that did not result thus were exceptions and not very frequent. Before the period for the third paroxysm, a dose of about the same amount generally termi-

nates the treatment. The last dose is usually given five or six hours before the fever period. In quotidian fevers this is generally sufficient, but in tertians I am in the practice of giving a five or six grain dose on the well day, about the same hour that the second is given on sick days. From this statement, the maximum quantity of quinine used in ordinary cases of fever and ague would be about forty grains. Taking all the cases that I have treated, it is certainly a very large average. Now according to Dr. Owsley's plan, the maximum quantity of chinoidine given in ordinary cases is about one hundred and fifty grains. This is more than I generally found it necessary to give in the cases where I was successful. No more need be said of the comparative expense of the two medicines. The medical staff of the Panama Railroad Company have given the chinoidine described above in thousands of cases, and while some have had better success than myself, others have had worse; but successful or otherwise, I do not believe there is one of the number that would take it to cure himself of intermittent fever, could he obtain quinine. I perhaps need say no more of its reputation for certainty of action. In solution, its only eligible form for administration, it is truly as disgusting a dose as is ever taken for fever and ague; but supposing there was no objection to it in the pillular form, there is certainly as great objection to pills of chinoidine as of quinine.

Taking everything into consideration that has resulted from the experiments of my colleagues on the Isthmus, and my own, I am forced to the conclusion that in the *treatment of intermittent or any malarious fever, chinoidine is less certain in its effect, less prompt, quite as disagreeable and as expensive as sulphate of quinine.*

S. Rogers, Surgeon to the Panama R. R. Co.

New York, Dec. 15th, 1855.

MALARIA, AND ITS CAUSE AND EFFECTS.—NO. II.

BY C. D. GRISWOLD, M.D.

Cause of Malaria, continued.

Whether malaria is produced by the decomposition of vegetable matter, or a combination of other agents, is of little importance except in relation to sanitary measures for its prevention. Malaria and its effects are the same, let the cause be what it may, and further back than this the physician has never found it necessary to go in order to gain a knowledge of the diseases consequent upon it, or their management. Not so, however, with the treatment of the cause of malaria; we must here ascertain the elements involved, in order to successfully combat them. The ancient Greeks sought out the causes of disease for the single purpose of avoiding them, for they knew little or nothing of curative measures. By observation they learned that low, damp grounds gave off emanations which produced febrile diseases; and Hercules was placed among the

gods for having rendered healthy a pestiferous marsh. Such was the reward in ancient times for preventive practice. As we approach the Christian era, we find the Romans entertained very correct notions of the causes of epidemic and pestilential diseases, ascribing them to noxious exhalations arising from marshy grounds, acted upon by the heat of the sun.

In modern times, curative practice has taken the place of the preventive; and it is even questionable if the new world is as well protected against the causes of epidemic diseases as the old ere the practice of medicine was recognised as a distinct art. The physician labors for that which yields him a reward, and there are few but what have learned that it is a hazardous undertaking to teach the public the means for preserving health.

The action of the sun in developing malaria has been regarded by some writers as of first importance; but I think it may be clearly shown that its only effect is in hastening the evaporation of surface water. The development of fevers on the clearing of forests would sometimes seem to favor this opinion; but I have never yet known an instance where it could not be explained upon other grounds; such as turning up the soil for the first time, and exposing it to the action of the atmosphere, or the partial draining of a marsh, rendering it worse than when constantly covered with water. The frequent instances, however, in which malarial fevers are traceable to no other source than the exhalations from stagnant water drying away in cellars, would entirely disprove this idea. A striking instance of this kind occurred under the writer's observation some twenty-three years ago, when he knew no more of medicine than a boy may be supposed to glean from the visits of a family doctor. My parents moved into a house during the month of May, which had remained unoccupied the previous winter. The cellar contained about two feet of water, which was immediately drained off; it was then thoroughly cleansed and paved with stone. My parents, who occupied a sleeping apartment on the first floor, directly over the cellar, were soon attacked with fever and ague, which afflicted them, off and on, for several months. The other members of the family, numbering six persons, occupied sleeping rooms above, and all were exempt from the disease. This occurred in one of the healthiest districts of Vermont, and in a house where a case of malarial fever we could not learn to have ever been known before, and where there certainly has not been one since.

In the summer of 1853 I was called to prescribe for a family in the district of my practice, where the mother and three out of four of her children were attacked with intermittent fever within the space of a few hours. The cellar of the house contained water that had been standing for some weeks, and possibly longer. The fourth and youngest child was soon after attacked with dysentery. The father of the family was occupied during the day from home, and resisted the disease for about two weeks after the first cases occurred, and then was taken down with the severer form of re-

mittent fever, attended with bilious vomiting. I found it difficult to prevent a recurrence of the disease while the family remained in this house, and after moving away, I saw no more of these cases.

Old ruins are well known to foster malaria in its most pestiferous state. The late John L. Stephens, when prosecuting his explorations in Yucatan, suffered severely from intermittent fever, which he attributed to the malarious atmosphere of old buildings and subterraneous passages which he was occupied in examining, although of a temperament that offered great resistance to the effects of malaria.

From facts of this nature I am inclined to the opinion that the action of the sun is more salutary than otherwise. In the instance of malarial fever being developed on the clearing of forests, it should be remembered that green foliage undoubtedly possesses absorbing or neutralising properties over this poison; and therefore malaria becomes more perceptible on new clearings. The degree of heat essential for the development of malaria, is a question which has never been definitely settled. La Roche cites authorities to show that malarial fevers do not prevail epidemically in countries where the temperature is never elevated above 65°, and that in some parts of the world a temperature of 80° is essential for the generation of malaria, and that it "subsides on the accession of frost."

It is not, I apprehend, so much an elevated temperature that is essential for the generation of malaria, as continued dry weather, in order to reduce stagnant water. With the return of cool weather, autumn rains usually set in, and thus by filling sunken places with fresh water, the noxious exhalations are arrested. The past summer has been remarkable for repeated rains over the western extremity of Long Island, and the season has been very healthy until about the first of October. Since then there has been but little rain in this region, and the open pools and swamps have been very dry. There has also been a severe form of remittent fever prevailing, accompanied in some instances with typhoid symptoms. Cases of simple intermittent have also been quite frequent, and continue to occur up to the present time (December). How far these cases are the result of malaria that has remained latent in the system since summer, it would be difficult to judge. Certain it is that malaria has been generated since the temperature has fallen below 65°, or else its latent and cumulative states must be admitted.

In the winter of 1852 I was attacked with well-marked intermittent fever in New York. In October of the previous autumn I had returned from the Isthmus of Panama, but had enjoyed uninterrupted good health through the severest of the winter up to the last of February, when one morning, while sitting in my office in Warren Street, a severe ague set in, followed by fever, and this in turn was succeeded by profuse perspiration. Not altogether satisfied with the nature of the attack under such peculiar circumstances, I neglected the necessary remedies to arrest it, and consequently suffered

a return on the second day following. Since then I have frequently seen intermittent fever in the winter season, and especially in the early months of spring, before the generation of malaria could be suspected from an elevated temperature.

The anomalous forms of intermittent disease are, however, of more frequent occurrence during cold weather, than the more simple and easily distinguished cases, of which I shall have more to say in a future article. The occurrence of such cases as these has great influence with the non-professional observer, who cannot appreciate the action of a cause remote from the attack, in strengthening his opinion against the malarial origin of fever.

Humidity of the atmosphere, fogs and rains have often been regarded as the essential causes of fever, from the apparently intimate relation of one with the other in many instances.

It is very common in malarial regions for a large accession of fever cases to occur immediately after the falling of rain, especially if accompanied by a low temperature of the atmosphere. The effect of the rain, under such circumstances, is merely to excite the dormant malaria that has been previously taken into the system to action, or in other words, developing the fever that had been previously cumulating. Acting thus as an exciting cause, the unthinking look no further back for one pre-existing. Another equally plausible supposition is oftened offered to the physician, viz., that the fever is the result of a cold, which it will readily be seen may frequently be a coincidence.

The effect of fogs, dews, and otherwise humid states of the atmosphere, consists more essentially in the capacity of aqueous vapor to hold malaria by absorption. In this way it is taken into the system in a concentrated state, and more promptly develops fever.

The assertion that fevers are more rife in tropical climates during the rainy season, made by Lind, Fordyce, La Roche and many others, is not always true. On the Isthmus of Panama, the rainy season is proverbially the healthiest. The more continued the rain, the less fever. On the other hand, with the setting in of the dry season fevers become more frequent and more severe. In climates where rains are not as continuous during the wet season as they are on the Isthmus of Panama, I can readily suppose that the cause of fever would be generated to a degree even worse than during the dry. The law which governs the generation of malaria holds good in all climates, however varying in temperature, and this will be found to accord with the relative degrees of continued saturation of the soil, succeeded by drought, as I have attempted to show in the preceding article.

DISLOCATION AT THE TARSO-METATARSAL ARTICULATION.

[Communicated for the Boston Medical and Surgical Journal.]

The following case of dislocation having occurred under my observation, I thought its extreme rarity and almost impossible nature sufficient apology for reporting it.

C. F., the patient, a robust and vigorous young man, æt. 25, while riding on horseback, was suddenly dismounted by the stumbling and falling of the animal, whose whole weight fell upon his left foot.

It presented, upon the examination of Dr. L. J. Ham, of this place, the following appearances. The length of the foot was shortened about one inch. There was a prominent elevation upon the dorsum, indicating the tarsal extremities of the first, second and third metatarsal bones, riding over the cuneiforms. I saw the case several times in connection with Dr. H., and fully concur in the correctness of the diagnosis.

The strong ligamentous union of this articulation, its slight mobility and the compactness of the bones implicated, show the impossibility of dislocation from all ordinary applications of force.

Cruveilhier, in describing the mechanism of this articulation, says that "no example of the luxation of these bones upon the tarsus has been recorded." Consulting several surgical authorities, I do not find this species of dislocation described.

In the present case I have been only able to account for its occurrence on the supposition that the force was communicated in such a manner as to double the phlanges and metatarsal bones upon the plantar surface, dislocating upwards the tarsal extremities of the latter.

The reduction was accomplished in the following manner:—an assistant taking hold of the heel, made powerful counter-extension, while the surgeon, with both hands grasping the foot, made extension, and having brought the dislocated extremities in opposition, they were reduced by strong compression with the thumbs.

There being not much tendency to displacement, in order to prevent the active inflammation which must supervene upon so extensive a laceration of the ligaments, light dressings and evaporating lotions were employed.

A high grade of inflammation followed, and at one time the lividity of the surface gave strong indications of an approach to gangrene; this, however, did not occur, and with the subsidence of the inflammation the foot has progressed slowly, but favorably, to recovery.

Some time must necessarily elapse before the normal elasticity and strength are acquired, owing to the extensive infiltration and the slowness of the reparative process in these dense fibrinous tissues.

D. W. Hershey, M.D.

Williamsville, N. Y., Dec. 16, 1855.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

SEPT. 10th. *Death from the Symptomatic Vomiting of Pregnancy; Cases; Comparative Infrequency of a Fatal Result; Experiment relative to the untwisting of the Funis Umbilicalis; Changes in the Os Uteri during Pregnancy; Diagnostic Value of the "Mucous Plug," &c. &c.* Dr. J. B. S. JACKSON related the case, the particulars of which he had received from the physician who attended the patient.

Mrs. ———, nineteen years of age, had usually enjoyed good health; her mother died of phthisis; she was married in November, 1854; became pregnant, but miscarriage took place in the following February, about two months after conception. She menstruated for the last time about the middle of June, 1855, while on a visit in the State of Maine. About the first of July she complained of nausea and had occasional attacks of vomiting. The family physician was called on the 13th of July. The prominent symptoms were nausea and vomiting; although the pulse was but little excited, and the tongue not much coated, she yet was inclined to keep her bed. Various remedies were tried, successively, with the effect of increasing rather than diminishing the nausea; the patient emaciated rapidly, and symptoms of general constitutional disturbance soon followed. The mind remained clear, but the vision became impaired, the eyes presenting a strongly-marked amaurotic look. The dimness of vision commenced about two weeks before the patient's death, and increased nearly to blindness a few days previously to that event, which occurred on the 1st of September, 1855. Pregnancy was suspected, but was somewhat called in question, as no change occurred in the breasts, nor in the *os uteri.*

Dr. Jackson made the *post-mortem* examination, and the following appearances were observed.

A fœtus was found, and of the usual size at the third month of gestation. *Os uteri* unchanged; *cervix uteri* filled with viscid secretion, but not more so than is occasionally seen in the unimpregnated womb. Nothing abnormal remarked in any of the organs.

Dr. J. said that he was much interested in a simple experiment performed by one of the physicians present at the autopsy. The cord was twisted, as it usually is at this stage of pregnancy (and, furthermore, it was coiled once around the child's neck); being held up by its placental end, and the fœtus thus suspended, so that it was free to move in any direction, it began at once to "spin round," and continued so to do, until the cord was completely untwisted and became as straight as it would be in a two months' fœtus. The cause of the twisting of the cord, Dr. J. had never thought of; nor had he ever seen or heard it alluded to, though it cannot have escaped the attention of physiologists. It would seem, from this instance, that it may be owing to the revolutionary movements of the fœtus, whose muscles are considerably developed, although the mother may not have felt any motion of the child.

The bladder contained quite a notable amount of urine.

Dr. J. remarked that this was the fourth fatal case of vomiting arising from the pregnant condition, which he had examined *post-mortem;* and all of the patients were at, or near, the third month of utero-gestation. There is also a specimen (a fifth case) in the Society's cabinet. Dr. JAMES JACKSON had mentioned to Dr. J. that he had seen three cases.

Dr. PUTNAM said that the vomiting of pregnancy was generally considered an inconvenient, and often a distressing, symptom, but its fatality was seldom recognized; and the treatment, consequently, by induction of premature labor before the seventh month, was strongly objected to. Dr. P. mentioned the case of a young married woman in the fourth month of pregnancy, in whom, on account of dangerous exhaustion, he had effected premature expulsion of the ovum, but not without conviction of its necessity.

In regard to the changes in the neck of the uterus, Dr. Putnam believed that more or less softening commenced at a very early period, but that little actual shortening occurred before the last month of gestation.

Dr. STORER referred to a fatal case of vomiting in pregnancy, and added that Dr. Jackson seemed surprised that there was no change in the *os uteri* in the patient of whom he had spoken; the fifth month, however, is the most common period for observing any marked alteration.

Dr. Jackson replied that he was well aware that the *cervix* uteri is but little, if at all, changed, but he had supposed there was a degree of thickening, and a tendency to patulousness, of the *os*.

Dr. PARKS said that certain of the best obstetrical authorities state that there is no change in the *os uteri* until the sixth month; never at the third, at least in first pregnancies.

[CAZEAUX, we observe, in his "Summary of the Signs of Pregnancy at different Periods," mentions "slight softening of the mucous membrane covering the lips" of the *os uteri*, as one of the signs appreciable by the touch (*signes sensibles*) at the "first and second month"; he adds—"this membrane is, as it were, slightly œdematous (*comme œdématiée*). In the third and fourth months, this softening is spoken of as "much more marked." This author asserts, in reference to the neck of the uterus, that "it maintains its natural length until the last fifteen days of gestation." (*Op. cit.* p. 75.) SECRETARY.]

With regard to the cord being twisted by the accidental motions of the child, Dr. COALE did not think that such a view could be entertained. The twist was constant and in the same direction, neither of which conditions would exist if it were mere chance. There was evidently a design in it, which design he considered to be the more easy bending and coiling of the cord, and the prevention of any of its vessels being violently and abruptly bent upon itself, or compressed by the others. A comparison between a loosely twisted rope and three strands laid parallel to each other, would readily illustrate the practical effect of this. He could not be surprised at the untwisting, but considered it perfectly natural, and felt assured that any umbilical cord would similarly untwist as far as the envelope of membranes would permit.

[In attending his next case of midwifery Dr. C. had an opportunity of testing this opinion, and found that by holding the severed cord high enough to suspend the placenta, it spun around until the cord was almost entirely untwisted.]

Dr. Jackson thought that the structural changes, in a full-sized cord, would prevent the motion referred to.

Dr. STRONG believed that the movements of the *mother* might communicate a twist to the cord.

Dr. Coale wished to inquire the opinion of those present as to the value of the *mucous plug as a sign of pregnancy*. He found that no great stress was laid upon it in the books, nor was it thought much of by those with whom

he had conversed, but he was disposed, from his own experience, to give it a high value. Some time since, he was consulted in a question of pregnancy where the condition must have been recent, and the signs were obscure. Upon finding a tough, resistant plug in the *os tincæ*, he pronounced it (as he immediately felt, rather hastily), a case of pregnancy. It proved to be so, but feeling the risk he had incurred in giving an opinion upon what might seem slight grounds, he was led to more close observation upon the point, and from this to believe that the mucous plug of pregnancy can readily, if proper care be used, be distinguished from the accidental increased secretions often met with. He was so well assured of this, that, early in the summer, being consulted by a lady who had just weaned a child, as to whether pregnancy existed, he felt justified—though much depended upon his decision—in asserting, upon the evidence of this sign alone, that his patient was pregnant; and the result confirmed his opinion.

Dr. Jackson remarked that it is by no means uncommon to find a firm, mucous plug in the unimpregnated.

[The comparative rarity of a fatal termination of the symptomatic vomiting of pregnancy, at least in this vicinity, is worthy of notice. In addition to the instances cited above by Dr. Jackson, one which occurred several years since, in a neighboring city, may be mentioned. The patient was a *primipara*, of nervo-sanguineous temperament, delicate and susceptible to external influences of every sort; the intellectual faculties highly developed; dyspepsia, accompanied by headache, often complained of. The vomiting commenced early in pregnancy and resisted all remedial measures; the actual duration and the time of death have escaped our recollection.*

The efficacy of chloroform in these cases, applied externally, to the epigastrium, and which was alluded to by Dr. Jackson, has been, of late, often tested. In three instances of its use in the "morning sickness" of pregnant women, we have found it *completely* remedial. In one case the patient was, by her own reckoning, not more than four or five weeks advanced in gestation, and had been trying other means in vain, when after only three applications of the remedy, on different days, the symptom disappeared and did not recur.

Professor Simpson (*Obstetric Memoirs and Contributions; Vol. I., Amer. Edition*), in one instance of the vomiting of pregnancy which threatened to produce miscarriage (this accident having occurred in a former pregnancy at the third month), found the inhalation of the vapor of hot laudanum efficacious in arresting the symptom and procuring "speedy sleep" for the patient. (p. 315.) In four or five days she was able to undertake a journey of from 300 to 400 miles. The same authority highly extols the *oxalate of cerium* in these cases; to be given in the dose of one or two grains.

---

* A fatal case of vomiting during pregnancy was lately reported by Dr. Buckingham, of this city (*Boston Medical and Surgical Journal, Vol. LII., page* 142). This instance is cited in a recent paper in the "*Western Lancet*" (July, 1855), by M. M. Pallen, M.D., Professor of Obstetrics, &c., in the St Louis Medical College. Dr Pallen has met with three fatal cases in his own practice He also induced premature labor in a patient who consulted him in October last, and whose case threatened to terminate in exhaustion and death. The stomach would not retain cold water, even. Sponge tents were successfully employed by him to dilate the *os uteri*, and ergot caused the expulsion of the ovum without any hemorrhage. No untoward results; the vomiting ceased immediately. The uterine *douche*, as recommended by Kiwisch, and the galvanic battery, both failed to induce labor. Dr. P. refers to the discussion on this subject in the French Academy, and states the conclusions of Dubois and others. He dissents slightly from certain of the rules laid down by the former, although he adopts them in the main. We agree with him in the opinion that it is difficult to give general rules for the guidance of practitioners in these cases, and that each one must "judge how far he can rely on the efforts of nature and therapeutic means."—(*Loc. cit.*) —Secretary.

Although it has sometimes failed, he has "repeatedly had occasion to see it both immediately and perfectly successful in some instances where the usual succession of medicines,—prussic acid, naphtha, opium, bismuth, ice, &c.—had all been previously and perseveringly tried in vain." (*Op. cit.*, p. 285.)

Dr. RAMSBOTHAM remarks that when vomiting "is entirely absent, utero-gestation does not proceed with its usual regularity and activity"; and Churchill, quoting the opinion, says, "so far my experience agrees with his, that irregularities in this particular, are frequently followed by deviations in the other symptoms of pregnancy.—(*Theory and Practice of Midwifery, English Edition*, p. 108.)

Ramsbotham does not allude to the possibility of a fatal termination of the vomiting of pregnancy. Dr. BLUNDELL speaks of it, although he gives no instances; and while he refers to the induction of premature labor as remedial in troublesome cases (as mentioned by Dr. Putnam), he rather discourages the procedure, as not unlikely to be disastrous to both mother and child by reason of flooding, &c. Dr. Churchill (*Op. cit.*, p. 247) quotes DENMAN and MERRIMAN as countenancing the operation in extreme cases; the latter accoucheur and Churchill himself have thus practised. In Merriman's case the child was born alive, six weeks before the full period; both mother and child did well. In the other instance, at the sixth month, a dead fœtus was thrown off after artificial rupture of the membranes and the administration of ergot; rapid recovery of the mother ensued, and she "has since borne a child at the full time." (*Op. et loc. citat.*) The same author gives a case of fatal vomiting during pregnancy, from Dr. JOHNSON (*Lancet*, March 3, 1838); patient 30 years of age; sickness supervening soon after marriage; gradually becoming extreme; pregnancy not recognised (although at first suspected); death from actual starvation; a four months' fœtus found in the uterus. Every means of treatment totally unavailing.

In the *Edinburgh Medical Journal* for October, 1855, we observe an article quoted from the *Gazette des Hopitaux* for July, 1855, and entitled "On Obstinate Vomiting in Pregnancy." "Several methods of treatment," it is remarked, "have recently been brought forward, and among these the application of leeches and belladonna to the neck of the uterus." Négrier, of Angers, proposed the former, "believing that the vomiting of pregnancy was owing to the sympathetic extension (*irradiation sympathique*) to the stomach, of an inflammatory irritation of the neck of the uterus." "M. Clertan," continues the writer, "has adopted the method with success."

M. Bretonneau, having "the idea that the vomiting arose from a spasmodic rigidity of the uterus, which resisted the distension consequent upon the growth of the fœtus," used belladonna—applying it, by friction, "over the hypogastric region," or "immediately to the uterine neck by means of a pessary, and in many cases he has thus also met with fortunate results." (*Loc. cit.*)

From the recent researches of M. Cartaya, of Cuba, the following results have been derived. "In 58 examples of intractable vomiting during pregnancy" there were "30 cases of death, and 28 of recovery. Of these 28 recoveries, 11 were ascribed to the occurrence of abortion or the death of the fœtus and its subsequent expulsion; 2 to the influence of therapeutical remedies; and 1 to the occurrence of critical diarrhœa; 14 to the artificial induction of premature labor.

"The principal object in adducing these facts, is to draw attention to the important nature of the affection to which they relate, and the resistance it offers to the therapeutical remedies hitherto employed in its treatment; and

to impress upon medical men the necessity of multiplying those means and resources which observation and experiment may suggest as applicable to the difficulties arising from this serious complication in utero-gestation." (*Loc. cit.*)

As will be seen by the above enumeration of M. Cartaya, more than half the cases cited were fatal; the occurrence of premature labor, induced or accidental, was followed by cure in nearly half of the reported recoveries, and this fact speaks loudly in favor of the practice. As Dr. Churchill remarks, in speaking of the fatal case above referred to as occurring to Dr. Johnson, so in all critical cases, "surely the induction of premature labor" would be not only "justifiable," but imperatively demanded, as doubtless the only measure "affording the mother a chance of recovery."—SECRETARY.]

SEPT. 10th. *Death following Convulsions apparently caused by eating Castana Nuts.* Dr. HOMANS, Sen., reported the case.

E. C., a male child 22 months old, has generally been healthy; was weaned last April. During July and August it had a slight diarrhœa at times; this, however, was easily controlled, and for three or four weeks just preceding its last illness, had been of very little consequence.

At noon of Sunday, Sept. 2d, the child ate three castana nuts, and, about an hour afterwards, complained of "pricking in his stomach." This was soon followed by vomiting, during which portions of the nuts were thrown up. Until night, vomiting took place whenever any food was swallowed.

Sept. 3.—The child had passed a restless and uneasy night, though it had slept at intervals. About 9 A. M. it complained of thirst, and after drinking, emesis again occurred, and was followed, in fifteen minutes, by a liquid dejection containing pieces of the nuts. The amount of the patient's drink was then limited to one teaspoonful of liquid at a time, and a quieting mixture was given. No more vomiting took place until 6 o'clock, P. M., after eating a morsel of bread. He was about the room, on his feet, and playful, till 7 o'clock, and at 7½ o'clock went to bed, but soon became very restless. His mother's attention was called to him, about 12½ o'clock at night, by feeling his little hand violently grasping her leg. On examination, he was then found convulsed, with his eyes wide open and fixed. Emetics were freely given, and with thorough effect; the bowels were relieved by injections, and the patient was placed in a warm bath, but the convulsions continued until his death, which occurred at 10 o'clock, A. M., Sept. 4th.

At the autopsy all the organs appeared in a normal condition, with the exception of indications of slight inflammation of Peyer's patches.

SEPT. 10th. *Extensive Paralysis following Exposure to Cold.* Dr. ELLIS related the case.

The patient was a married woman, 24 years of age, a native of Ireland, who had been in this country seven years. When seen, on July 31st, she reported her general health as good, but that she had been obliged, seven weeks before, to wean her child, when eight months old, on account of the debility caused by nursing it. The catamenia had not returned, but she had suffered somewhat from pain in the hypogastric region. A fortnight previous she was attacked with diarrhœa, which continued for several days, and during the last week pain in the head had been quite troublesome. Though her strength had improved she was still somewhat debilitated, when, on the evening of July 29th, the weather being cold and stormy, she fell asleep upon a bed so placed that the left side of the head and the left shoulder were exposed to the air from an open window. Though thinly clad, she

lay in this condition for an hour and forty minutes. On awaking she felt "perfectly benumbed and miserable"; but, though much confused, she undressed herself and retired for the night. At 3 o'clock on the following morning, she was hardly able to stand, and found that the whole of the left side was "numb, tingling and weak," and that the mouth was distorted. After bathing the parts in mustard and water and rubbing them with flannel, the leg recovered entirely, but the arm remained nearly helpless and the mouth was still affected. Some improvement took place; but two days afterwards she applied for advice. At that time the mouth was drawn towards the right side, and she still complained of a loss of power and coldness in the left arm. When examined she could move all the fingers slightly, though unable to do so on the preceding day. The sensation was still somewhat diminished in the left hand, though unimpaired in the upper part of the arm. The night before she had noticed cold perspiration on the affected shoulder and arm. No disorder of the mind was perceptible, but she still complained of feeling stupid. Dr. E. thought that the senses of sight and hearing were both impaired. Pulse 84, after walking. Tongue well. Under the use of friction and electricity, she rapidly improved, and on the 7th of August was able to use her arm perfectly well; but it was not until September that motion and sensation became normal in the thumb. The countenance had previously resumed its natural appearance.

Sept. 24th. *Fœtus carried for nearly three months after its Death.—Disease of the Placenta.* Reported by Dr. Charles Ware.

The mother had previously borne one living, and one still-born child. She became pregnant and expected to be delivered about the last of September. She was very well during pregnancy, up to the 1st of July, when the motions of the child suddenly, and without an apparent cause, ceased, and were never again perceived. There was little else to mark the event, except that the breasts began to swell, and there was quite a flow of milk. This soon subsided, and the woman continued perfectly well up to the 21st of September. The proportions of the abdomen remained the same as before the accident, neither increasing nor diminishing. Labor pains supervened on September 21st, and after about twelve hours, a shrivelled fœtus of about six months was expelled, and which looked as if it had been soaked in spirit. The placenta was natural in size, but of a hard, solid structure, which resembled fat, but was found, under the microscope, to be fibrous. There was no distinct apoplectic effusion, although its aspect, in spots, gave the idea that there might have been, formerly, and that this had caused the peculiar appearance of the placenta.

Two days after the delivery the patient's breasts began to swell, and there was, again, quite a troublesome flow of miik.

In connection with this case Dr. Storer remarked that it was well known to the profession that a diseased placenta very frequently accompanied the expulsion of a still child. He had seen them twice coincident in the same patient. About eighteen months since he was called to a lady miscarrying at the eighth month; the child was still, and had died apparently within a recent period. There were slight desquamated patches on different portions of its surface. The placenta was friable throughout and very readily broken by the finger.

Since the last meeting of the Society, he had again been called to see this lady, who, since her former accouchement, had moved into a neighboring town. When Dr. S. arrived, he found she had been taken suddenly ill, and had been compelled to summon another medical man. The child had just

been delivered, still; it was of the same age, and presented appearances similar to those noticed in the previous case. Dr. S. found the placenta to be much less firm than usual, and the greater portion of its maternal surface was subdivided into numerous distinct nodulations, varying in size, and resembling exaggerated hydatids. The mother had never enjoyed good health.

SEPT. 24th.—*Interstitial Pregnancy.* Reported by Dr. C. H. STEDMAN.

S. A. H., a light mulatto girl aged 20, unmarried, chambermaid, of healthy and strong constitution, at 6 o'clock, A.M., of Sept. 15th, complained of pain in the umbilical region. Her mother gave her a mixture of camphor and laudanum. Being somewhat relieved, she left her home, and went to her place of service. Her pain increased, and at 9 o'clock she fainted. She then had a desire to defecate, but could not accomplish any thing. An apothecary who was called in directed a pediluvium; this, with friction of the abdomen, seemed to relieve her for a time. On taking some brandy and water she vomited. She was taken in a coach to her mother's house at 4½ o'clock, P.M., and continued to be very faint and in great distress. Dr. F. H. GRAY, who was called in, found her extremities cold and her pulse feeble and rapid. The mother says that "her breath was cold"—her lips were exsanguine and her cheeks had lost their usual redness. Her consciousness remained till near her death, which occurred at 5½ o'clock the same day.

From her mother it was ascertained that her menstruation had for several months been irregular—that "she had seen nothing" for two months past, and that this was not an unusual occurrence with her.

The appearances observed at a *post-mortem* examination of the body, conducted by Dr. F. S. AINSWORTH, were as follows:—

Sept. 16th, 1855—11 o'clock, A.M.

Externally.—The form was well developed, the mammary glands were unusually large, the nipple prominent, the areola not remarkably dark, the skin over the front and outer portion of both thighs was slightly scarred, as if from former pregnancy. The lips and face were exceedingly pale and exsanguine.

Internally.—The *brain* was very pale and empty of blood; otherwise it was healthy. The *lungs* presented the same appearances. The left lung was attached to the pleura costalis by old adhesions. The *heart* was healthy. On opening the *abdomen* a large coagulum was found lying over that part of the intestinal tube contained in the pelvis, bounded above by a line drawn between the iliac crests and filling up the cavity of the pelvis. Three quarts of fluid blood were drawn off from the cavity of the abdomen. On examination of the coagulum, fibrous and shreddy filaments were found extending throughout its whole substance; and on raising it up from the *uterus*, the mass tore away from the left side of the fundus of the uterus just beyond the entrance of the *Fallopian tube;* at which point there was a rupture of the substance of the uterus about one inch in length, leaving an excavation in that organ about the size of a small hen's egg; the walls of which were rough and studded with small coagula, and, upon the peritoneal surface, very thin. A probe passed into the Fallopian tube penetrated into this cavity. The uterus itself was about twice its normal size. The os was closed by a gelatinous substance. The lining membrane of the cavity was much thickened, presenting the usual appearance observed in the first months of pregnancy. The cavity of the fundus was separated from the excavation above-mentioned by the thickened lining membrane of the

cavity of the uterus. No opening was found between the excavation and the cavity.

On examination of that portion of the coagulum found in the abdomen, and which was attached to the uterus, *a fœtus* was found, enclosed in its membranes, apparently about eight weeks old.

All the other organs of the body were examined and found healthy.

[CHURCHILL declares "*interstitial fœtation*" to be the rarest of all the forms of *extra-uterine* pregnancy. He gives three divisions, from the work of Dr. Campbell,* for the varieties of this accident, viz.:—Ovarian, tubular and interstitial fœtation; the latter he defines to be that in which "the ovum enters the parietes of the uterus, but is detained in an interspace of the fibres before it arrives in the uterine cavity." "Ovario-tubal" fœtation (Campbell) and "ventral" fœtation are enumerated; the former being a compound of the first two varieties, and the latter that in which the abdominal cavity is found to contain the ovum. Dr. Campbell rejects cases of the latter sort, as doubtless belonging, originally, to one or other of the above-enumerated forms; a separate class being therefore unnecessary.—(*Op. cit.*, Eng. Ed., pp. 127–8.) An interesting case is related by Dr. Churchill; "it occurred in the practice of the late Mr. Hey, of Leeds, and by him was communicated to Dr. W. Hunter." In further remarking upon this subject, Churchill writes as follows:—"In interstitial fœtation, the symptoms are a modification of those in the other varieties. In some, there are abdominal pains and sanguineous discharges, in others these are absent; but in all the cases on record, the tumefaction and fœtal movement were confined to one side of the abdomen. It is also remarkable, that in all, the child appears to have lived to the term of utero-gestation."—(*Loc. cit.*, p. 132.) Dr. Ramsbotham prefers to call interstitial fœtation "*parietal.*" He refers to the history of a case of extra-uterine fœtation so long since as the times of Albucasis, but adds that "the occurrence was by no means understood till comparatively recent times, and very few years have elapsed since the parietal variety has been known to exist.—(*Obstet. Med. & Surg.*) Schmitt, of Vienna, is said (*Ramsbotham*) to have given the first detailed account of this particular species.—(*Memoirs of the Josephine Academy*, Vol. I. Vienna. Anno 1801.) Ramsbotham met with an instance in 1820, but the specimen was not fully understood by him until 1824, when translating a French account of a case identical with his own, and which was sent by Breschet to the Medico-Chirurgical Society.—(*Trans. Med. Chir. Society*, Vol. XIII.) This, according to Dr. R., is the first paper descriptive of this variety of fœtation (*parietal* or *interstitial*) published in the English language.

Authors have speculated not a little upon the *causes* of extra-uterine fœtation. It has been remarked that a large relative proportion of unmarried females have become the subjects of the complaint; this gives some foundation for the supposition that such persons are more liable to be afflicted with it than women of regular habits and character.†—(*Astruc*, *Josephus* and

* *Memoir on Extra Uterine Pregnancy. Edinburgh*, 1840.—Dr. Ramsbotham says of this work, it is "a publication full of most valuable facts and deep research, and which I would strongly recommend to the perusal of those who take an interest in this subject."—*Obstetric Medicine and Surgery*. Eng. Ed., p. 646.

† In Dr. Stedman's case the patient was unmarried; her occupation was one which usually requires much exertion, and although no direct accident or violence is mentioned, her irregular life and the furtive sexual connection practised may be remarked as somewhat corroborative of this observation. M. Cazeaux states that he has had but two cases of extra-uterine fœtation. He is not inclined to admit the influence of sudden fright during coitus as being so likely to occasion the accident as certain deviations or abnormities of the Fallopian tubes—their being affected with spasm, &c.

Burdach; referred to by *Ramsbotham.*) Surprise during *coitus* has been followed by this accident. A blow on the abdomen shortly after conception, producing inflammation, has been supposed causative of the arrest of the ovule in its transit from the ovarium.—(*Montgomery.*) Ramsbotham, in his own practice, has had twelve cases of extra-uterine conception; one only was interstitial; there were but four recoveries.—SECRETARY.]

At the next meeting, Dr. Jackson said that he had examined the specimen with Dr. Jeffries Wyman, since it had been shown to the society by Dr. Stedman. A bristle was passed into the right Fallopian tube, and it seemed about to enter the cavity from which the fœtus was removed; but it could not be made to enter, after a long and careful trial; and neither did water, when injected into the tube through an Anel's syringe, appear to come out into the cavity. It was not found, then, to be a case of tubular pregnancy; though it terminated, as such cases usually do, by rupture and hemorrhage into the peritoneal cavity. Subsequently, the point of the bristle was found to have penetrated into the cavity; but this was probably the result of some slight violence done to the parts in handling them.

The left ovary was fully examined, and showed no traces of a *corpus luteum.* In, and projecting from, the right ovary, was a cyst nearly or quite as large as an English walnut; the parietes were not more than a line in thickness, and had the color and consistence of a *corpus luteum.* The right ovary was not otherwise remarkable; and Dr. J. suggested the idea that the cyst might possibly be a *corpus luteum,* in which the central cavity not having been obliterated, the lining membrane has poured out serum so as to distend and thin the parietes. The *corpus luteum,* however, according to this suggestion, was not merely dropsical, but it was on the wrong side; it was in the right ovary, whereas the ovum was near the uterine termination of the left Fallopian tube. Dr. J. hardly felt authorized to use Dr. Wyman's name, but he has understood him to say that, in the tortoise, something like this want of correspondence has been observed between the situation of the *ova* and that of the *corpora lutea.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 3, 1856.

COMPARATIVE VALUE OF THE DIFFERENT HÆMOSTATIC AGENTS.

A CORRESPONDENT sends us the following translation, which we publish as conveying valuable information upon an important subject.

THE *Gazette des Hopitaux* of September 29th, in an article on the comparative value of different substances as means of arresting hæmoptysis, after remarking that bleeding for this purpose has deservedly fallen into general disfavor, alludes to the clinical researches of Dr. Aran, published in the *Bulletin générale de thérapeutique,* and gives a *résumé* of the interesting and valuable results to which he had arrived. We translate passages which seem to us of considerable value.

M. Aran has successively tried agents belonging to the class of hæmostatics, properly so called, such as resinous substances, the ergot of rye and common salt; then astringents—acetate of lead, alum, *eau de Rabel,* tannin, and gallic acid; nauseants and emetics—ipecac, tartar emetic, veratrine; and sedatives of the circulation—nitre and digitalis.

Of the agents belonging to the first group, hæmostatics proper, the essence of turpentine has seemed to M. Aran especially to deserve the attention of physicians. He has prescribed it pure, in doses of from ten to thirty drops, in a glass of water, or made up into a bolus with magnesia, and taken enveloped in moistened wafer (*pain à chanter*). Generally within a few hours after the patient commences taking it, there is a very marked diminution in the amount of the hæmorrhage, and in twenty-four or thirty-six hours at the most, it is reduced to a very small quantity or entirely ceases. On the other hand, M. Aran is convinced, as many English and German physicians have already proved, that the essence of turpentine is less suitable in hæmoptysis, with a tendency to inflammatory action within the chest, a febrile movement, or when it occurs in young or rather plethoric subjects, than when it happens in debilitated, cachectic subjects, with characters of *passivity* or atony.

Ergot of rye and the ergotine of M. Bonjean, have shown much less efficacy against hæmoptysis than essence of turpentine. The former, even, when given in a very large dose, has seemed to exert only the most moderate influence upon the hæmorrhage.

The same is not the case with chloride of sodium or common salt, which has been proved to possess an undoubted efficacy in doses of from sixty to one hundred and fifty grains taken in the course of a few hours in solution, or in the form of powder. It is particularly deserving of recommendation in such cases, as it is constantly at hand.

Among the astringents, M. Aran has found none worthy of confidence except tannin and gallic acid. Gallic acid seems to him preferable to tannin, as, with the same styptic properties, it has not the same drying action upon the tissues, and does not produce the obstinate constipation which occurs when the latter is employed. The medium dose of gallic acid, as he administered it, was, from ten to twelve grains in twenty-four hours, in powders of two grains each, given at intervals of two hours.

M. Aran acknowledges the power of nauseants and emetics to arrest hæmoptysis, such as tartar emetic, ipecac and veratrine. With regard to the first two this property has been known for a long time. As for veratrine, in three cases in which it has been prescribed, the hæmoptysis was arrested as if by enchantment as soon as nausea and vomiting took place. These agents would deserve, then, to be placed in the first rank of hæmostatics, if there were not others of equal efficacy, which do not produce nausea and vomiting, effects which are always painful or disagreeable to the patient.

Nitre and digitalis have been equally, and with good reason, extolled in this case by the name of sedatives to the circulatory system. Following the example of Schmidtmann, who conceived the idea of combining sea salt with digitalis to combat hæmoptysis, M. Aran, for the same purpose, combined digitalis and nitre. This mixture, it appears, produced very remarkable results.

In ordinary cases he gave in the course of twenty-four hours four grains and a half of digitalis and twenty-three grains of nitre in four powders. But when the hemorrhage was very profuse the quantity of nitre was carried as high as thirty-eight grains, and that of digitalis to eight or even twelve grains; in some very grave cases the quantity of digitalis given was carried to twenty-three grains and of nitre to sixty grains. A remarkable circumstance noticed was, that when these remedies were given in this quantity the system was not affected in any unfavorable manner; the pulse did not suddenly abate in frequency, nor was there a very abundant diuresis.

On the other hand, the effect upon the hæmoptysis was most marked; in a few hours the flow of blood was considerably reduced, and often after twenty-four or thirty-six hours there remained only a little bloody expectoration. The diminution of the hemorrhage was generally accompanied by a great calm. Nevertheless M. Aran observed that never, after the administration of essence of nitre and digitalis, was the arrest of hemorrhage so sudden as after the administration of turpentine or gallic acid.

M. Aran sums up his opinion of the respective value of the different agents in question, in the following words:—In profuse hæmoptysis, but not immediately threatening life, the physician may take his choice of either of the preceding remedies. In very profuse hæmoptysis, on the contrary, where it is necessary to arrest the bleeding as soon as possible, and by means the least likely to depress the system, the physician cannot trust to tardy remedies. Neither the ergot nor sugar of lead nor *eau de Rabel*, nor alum, nor rhatany, &c., will be equal to the emergency. Only turpentine, gallic acid in a large dose, salt, nitre combined with digitalis, can be employed with success; but the necessity of proportioning the dose of the medicine to the intensity of the hemorrhage, in administering the chloride of sodium, but particularly the nitre and digitalis, is productive of great inconvenience; the danger of too great a depression from too large a dose, or from too long a continuance of the remedy.

"It is then to gallic acid and to turpentine that I give the preference in these grave cases; yet, under the apprehension of their insufficiency, I do not think the physician should limit himself to their use. It is under such circumstances that bandages applied to the limbs, which are very useful in other kinds of hemorrhage, and ice applied to the chest, have saved the life that was in danger, by stopping the hemorrhage for the moment, and allowing the internal remedies to complete the work." A.

DR. CLEAVELAND'S LEXICON.

We have received a letter from the author of the "Pronouncing Medical Lexicon," in which he says, alluding to our remarks in the Journal for Dec. 20th, concerning the resemblance between his work and that of Dr. Reese,—

"While I admit the correctness of the statement above quoted, I am inclined to suppose that you erred in supposing that those coincidences came from the alleged fact of Dr. Reese, that I had copied his work. I think a slight examination will convince any one, that instead of copying from Dr. Reese, we both copied from Hooper's Medical Dictionary. In proof of this, I need but refer to any page of Dr. Reese's work. * * * * I send you this note to call your attention to the error I fear your readers will fall into, of supposing that the coincidences that are found between the two books, are the result of my *re-printing* Dr. Reese's work. All writers of Lexicons, I suppose, avail themselves of the labors of their predecessors, and I have not neglected so to do."

NEW MEDICAL JOURNAL.

We have received the first number of the Cincinnati Medical Observer, edited by George Mendenhall, M.D., Professor of Obstetrics in Miami Medical College; John A. Murphy, M.D., Professor of Materia Medica in Miami Medical College, and Edward B. Stevens, M.D. The editors say, "our position will be as defenders and promoters of scientific medicine in its broadest, progressive, and orthodox sense. The code of ethics of the American Medical Association shall receive our hearty support." We need

say no more for the principles of the new journal. The appearance of the first number is highly creditable, both as to its mechanical execution and the character of its contents, and forms a welcome contrast to the eclectic and other self-styled "medical" periodicals with which the State of Ohio is deluged. We wish the editors and publisher of the "Medical Observer" all success. The new journal will be issued in monthly parts of forty-eight pages, at two dollars per annum. E. B. Stevens, M.D., is the publisher.

ENTERTAINMENT BY THE MEDICAL FACULTY OF HARVARD UNIVERSITY.

ANOTHER elegant entertainment was given on Saturday evening by the Faculty of the Medical College to the students attending lectures. A large number of physicians of this city and the vicinity were also present. The occasion was a most interesting one, and the guests of the faculty separated after having passed a delightful evening.

AT the Semi-Annual Meeting of the Rhode Island Medical Society, held Dec. 19th, John Homans, M.D., of Boston, and Reuben D. Mussey, M.D., of Cincinnati, were elected Honorary Members of the Society.

Medical Miscellany.—The new building of the College of Physicians and Surgeons, New York, will be inaugurated the early part of the present month. The address on the occasion will be delivered by Dr. Delafield.—The Board of Regents of the New York University, at their last meeting, elected Samuel B. Woolworth, LL.D., to fill the place made vacant by the decease of Dr. T. Romeyn Beck.—A contract for the erection of the third Massachusetts State Lunatic Hospital, at Northampton, Mass., has just been completed for the sum of about $165,000. The edifice is to be 516 feet in length, and will cover an acre and a quarter of ground.—The new State Idiot Asylum, at Syracuse, N. Y., which was lately opened, is in a prosperous condition. It now contains about eighty patients, all of whom are instructed in reading, writing, and cyphering, as far as their constitutional and intellectual strength will admit.

Communications received.—Case of Polypus of the Larynx.—Case of Pleurisy, with Phlebitis and Pulmonary Abscess.—Extracts from the Transactions of the Providence Medical Association.—Letter from C. H. Cleaveland, M.D., in reference to the "Pronouncing Medical Dictionary."

Books and Pamphlets received.—An Investigation into the Facts and Theories of Fermentation and Putrefaction. By Henry Pemberton, Practical and Analytical Chemist. (From the Medical Examiner, May, 1855.)—Constitution and By-Laws of the San Francisco County Medico-Chirurgical Association.—History of Medicine from its Origin to the Nineteenth Century. By P. V. Renouard, M.D. Translated from the French by Cornelius G. Comegys, M.D.

MARRIED—In Dorchester, on the 27th ult., Z. Silsbee Sampson, M.D., to Mrs. Helen M. Crane, daughter of Cornelius Bird, Esq., of Dorchester.—At East New Market, Md., Dec. 17th, James T. Jacobs, M.D., of Salisbury, Md., to Miss Emma V., only daughter of W. V. M. Edmondson, M.D.—At Cambridge, Md., Dec. 24th, W. V. M. Edmondson, M.D., of East New Market, Md., to Miss Eugenia S., daughter of the late Major Anthony Manning.

Deaths in Boston for the week ending Saturday noon, Dec 29th, 73. Males, 37—females, 36. Accident, 1—inflammation of the bowels, 1—bronchitis, 1—disease of the brain, 1—cancer in liver, 1—consumption, 16—convulsions, 1—croup, 4—dysentery, 1—dropsy, 2—dropsy in the head, 2—drowned, 1—debility, 1—infantile disease, 5—erysipelas, 2—typhus fever, 1—disease of the hip, 2—disease of the heart, 1—homicide, 1—intemperance, 1—inflammation of the lungs, 6—measles, 6—old age, 1—pleurisy, 1—scalds, 1—inflammation of the stomach, 1—suicide (by laudanum), 1—premature birth, 1—teething, 4—thrush, 1—tumor in thigh (fungus hæmatodes), 1—unknown, 3.

Under 5 years, 29—between 5 and 20 years, 8—between 20 and 40 years, 19—between 40 and 60 years, 8—above 60 years, 9. Born in the United States, 46—Ireland, 21—British Provinces, 1—Italy, 1—England, 3—France, 1—West Indies, 1.

Cod-Liver Oil and Quinine.—The following method of combining these two articles is from the pen of Mr. John Horsley, and published in the London Lancet of Nov. 17th, from which we extract it.

"First prepare the quinia by dissolving two drachms of the disulphate in half a pint of water, acidulated with two drachms of dilute sulphuric acid; then precipitate by the addition of one drachm and a half of liquor ammonia; project on a filter, and wash the precipitate with four or five ounces more water. When the precipitate has been well drained, scrape off, and introduce it into an evaporating pan, and set it over a steam bath: the heat will cause the quinia to *melt*, and separate from the residual water; this should be poured off, and the quinia collected on a filtering-paper to dry, when it may be finely powdered and preserved for use.

"To prepare the oil: Take sixteen grains of the quinia, and dissolve in eight ounces of cod-liver oil by means of a *gentle* heat; the oil will become slightly colored. This, however, is best obviated by dissolving the quinia in a mixture of one drachm each of ether and alcohol, and mixing the solution with the oil, and then evaporating the spirit by means of a steam-bath.

"If the oil requires filtration, it should be passed through a piece of lint, loosely placed on the neck of a funnel. Every ounce of the oil will contain two grains of the quinia."

M. Rayer.—We learn with much satisfaction that M. Rayer, the illustrious physician, has been appointed President of Conseil d'Hygiene Publique, at Paris—an appointment answering in some respects to the Presidency of the Board of Health with us—in the room of the late M. Magendie. Every one acquainted with the rare accomplishments and strength of character of M. Rayer, will perceive, in this choice, the omen of important improvements in sanitary administrations.—*London Lancet.*

A Terrible Case of Hydrophobia.—About two weeks since, a laboring man named Cornelius Wurze, a German, employed by a farmer on Clove Road, near Flatbush, had one of his thumbs bitten by a small dog on the place. The wound healed in a few days, and no particular attention was paid to it; but on Thursday last, unmistakeable evidences of hydrophobia were seen, and on Saturday the unfortunate man was taken to the King's County Hospital in a state of raving madness, in which state he remained for most of the time until Sunday, when nature becoming completely exhausted he died. When first brought to the Hospital he was secured to a bed by strong straps, but these he broke loose from with the utmost ease, and it required the strength of four able-bodied men to manage him at all. As it was, he succeeded in biting his male nurse in the arm through his coat sleeve, so as to draw blood. Dr. Turner, of the Hospital, has taken the nurse under his charge, and he anticipates no serious consequences from the bite.—*N. York Times.*

Health of Boston.—The past year has been one of very general health in our city. We are informed that the number of deaths for 1855 will be about three hundred less than for the years 1853 and 1854. The complete system of drainage in our city, the free use of Cochituate water, and the care and attention of the city officers in regard to nuisances and offences against the public health, have doubtless contributed to make Boston one of the healthiest of American cities. The mortality the present year will be the average of the years when our city had about two-thirds its present population.—*Transcript.*

The late Dr. Kinsman.—The Courier remarks, in regard to Dr. Kinsman, who recently died in Paris—

"Dr. Benjamin Willis Kinsman was the eldest living son of Hon. H. W. Kinsman. He received his medical education in Boston; he practised a short time at Toledo, Ohio, and went to Paris about a year since to perfect and accomplish his medical and scientific studies. He was a young man of sterling worth, of fine intellectual abilities, and untiring energy. His early death will fill a cup of sorrow to his relatives, and will convey unceasing regret to a wide circle of friends in Massachusetts. He was 23 years of age, and was a graduate of Brown University."